

**GUILFORD TECHNICAL COMMUNITY COLLEGE
VENDOR REGISTRATION FORM**

Federal I.D. Number (9 Digits) ___ - ___ - ___ OR Social Security Number ___ - ___ - ___
(May be Social Security Number if Sole Proprietor)

Name (as reported on your tax return) _____
Business name (if different) _____
Mailing Address _____

Business Type (PLEASE CHECK ONE): ___ Sole Proprietor ___ Corporation
 ___ Partnership Other _____

ONLY COMPLETE THIS SECTION IF ADDRESS ABOVE IS NOT IN NORTH CAROLINA:

Principal Business Activity: ___ Athletics ___ Entertainment/Performance
 ___ Film, TV or Radio ___ Public Speaking/Teaching
 ___ Other (describe) _____

If you have registered with the NC Secretary of State to conduct business in the state of North Carolina, please provide the identification number assigned by the Secretary of State: _____ OR attach a copy of the NC certificate of authority.

Please note: This registration is not registration with the NC E-Procurement system which is a separate registration.

Does your business maintain a permanent place of business in North Carolina? ___ Yes ___ No

If yes, please provide:

Physical Address _____

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Signature of U.S. person _____

Print Name: _____ Title: _____ Date: _____

Please check **all** that apply:

- | | |
|------------------------------|--|
| ___ African American/Black | ___ Disabled-Owned |
| ___ Asian American | ___ Disabled Business Enterprise |
| ___ Hispanic/Latino American | ___ Non-Profit Work Center for Blind and Severely Disabled |
| ___ American Indian | ___ Woman-Owned |
| ___ Unwilling to Disclose | ___ Other Minority _____ |

STATEMENT OF PURPOSE: The information on this form is being gathered to determine the status of an individual or business for income tax withholding and/or tax reporting.